

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0016913

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 109

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 16 1966

VS 300
Rev. 4/59

1 10/17

2 228

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9 4-20-1

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12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		Length of stay in 1b 4 days	c. CITY OR TOWN Steelville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle THOMAS Last MAY			4. DATE OF DEATH Month April Day 30 Year 1966
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/12/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Live Stock dealer		10b. KIND OF BUSINESS OR INDUSTRY Cattle business	9. AGE (last birthday) 74 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Union, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William T. May		13b. MOTHER'S MAIDEN NAME Laura Vitt	
14. NAME OF HUSBAND OR WIFE Bessie May (dec.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mabel Miller Address Steelville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Circulatory Collapse</u> DUE TO (c) <u>Acute Coronary Infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Concettive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>10 min</u> <u>1 hr</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>3-1-66</u> to <u>4-30-66</u> and last saw ^{her} him alive on <u>4-30-66</u> Death occurred at <u>2:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Herbert H. Kippen Do</u>		22b. ADDRESS <u>Cuba 114</u>	22c. DATE SIGNED <u>5-2-66</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-1966	23c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery	23d. LOCATION (City, town, or county) (State) Steelville, Mo.
24. FUNERAL DIRECTOR Halbert Funeral Home ADDRESS Steelville, Mo.		25. DATE RECD. BY LOCAL REG. 5-4-66	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>

MAY 20 1966

held at hospital for Miss. Begethorne (5-11-66)
and born 18.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Ralla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.